PRINTED: 04/09/2069 FORM APPROVED Bureau of Health Care Quality & Compliance STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING NVN4520ADA 03/30/2009 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **3680 EL RANCHO DRIVE ACTION II** SPARKS, NV 89433 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY D 000 Initial Comment D 000 APR 2 4 2009 The findings and conclusions of any investigation by the Health Division shall not be construed as BUREAU OF LICENSURE AND CERTIFICATION CARSON CITY, NEVADA prohibiting any criminal or civil investigations. actions or other claims for relief that may be available to any party under applicable federal, state or local laws. D035 a) Vitality Center/ACTIONS corrected the This Statement of Deficiencies was generated as deficiency to ensure that a disaster drill is a result of the State Licensure survey conducted conducted at least annually and records are at your facility on 3/30/09. This State Licensure survey was conducted by the authority of NRS maintained by the facility for not less than 12-449.150, Powers of the Health Division. months after the drill is conducted. The facility is licensed for ten residential program b) Vitality Center/ACTIONS has taken the beds for the treatment of abuse of alcohol and drugs. The census at the time of the survey was following actions to ensure the deficiency will six. Six resident files and six employee files were not occur again: 1) ACTIONS administration was reviewed. One discharged resident file was given an Emergency Preparedness Plan which reviewed. includes an Emergency Preparedness Drill log sheet. 2) An emergency preparedness drill will D 035 NAC 449.098(3)) Preparations for disaster D 035 take place within 2 weeks; and 3) The planned \$\$=F and future emergency preparedness drills and 3. Each facility shall conduct a disaster drill at least annually, and a written record of each drill staff training were added to the Vitality must be retained in the facility for not less than 12 Unlimited master planning calendar. months after the drill is conducted. Vitality Center/ACTIONS will monitor the This Regulation is not met as evidenced by: correction by ongoing staff training on Based on record review and interviews on emergency preparedness and annual drills. 3/30/09, the facility had never conducted an annual disaster drill. The staff member assigned to monitor the Findings include: correction is the Regional Program Manager.

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies

c) The completion date was 5-4-09.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

The fire drill log was reviewed, but did not contain

any evidence the facility conducted an annual disaster drill. Staff persons reported they were unaware they needed to conduct disaster drills

-21-09

STATE FORM

LWLP11

Bureau of Health Care Quality & Compliance (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING B. WING 03/30/2009 NVN4520ADA STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3680 EL RANCHO DRIVE **ACTION II SPARKS, NV 89433** PROVIDER'S PLAN OF CORRECTION **SUMMARY STATEMENT OF DEFICIENCIES** 1D (X4) ID COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREEIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) D 035 D 035 Continued From page 1 annually. Severity: 2 Scope: 3 D217 a) Vitality Center/ACTIONS corrected the D 217 D 217 NAC 449.141(9) Health Services deficiency to ensure that staff members have SS=F received first aid training and evidence of 9. Each facility shall maintain and have readily training is maintained in employee files. $m{\mathcal{E}}$ available first-aid supplies. Staff members shall have evidence that they have received training on the use of first-aid supplies. b) Vitality Center/ACTIONS has taken the following actions to ensure the deficiency will not occur again: 1) ACTIONS staff was provided first aid training 4-13-09. 2) New staff first aid This Regulation is not met as evidenced by: Based on record review on 3/30/09, the facility training reminders were added to the Vitality did not ensure that 6 of 6 staff members had Unlimited master planning schedule. evidence of first aid training. Vitality Center/ACTIONS will monitor the Findings include: correction by ongoing staff training in first aid. All six employee files did not contain evidence of first aid training. The staff member assigned to monitor the correction is the Regional Program Manager. Severity: 2 Scope: 3 c) The completion date was 4-13-09. D 235 D 235 NAC 449.144(4) Medication SS=F Members of the staff may not administer. any medication unless licensed to do so. This Regulation is not met as evidenced by: Based on record review and interviews from 3/30/09, the facility was allowing unlicensed staff to administer medications to 6 of 6 residents. Findings include:

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

Bureau o	of Health Care Quali	ty & Compliance				1 0 1141 1	WELLOWED.	
AND PEAN OF CORRECTION IDENTIFICATION		(X1) PROVIDER/SUPPLIE IDENTIFICATION NU NVN4520ADA			PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED 03/30/2009		
NAME OF PROVIDER OR SUPPLIER STREET AD				DRESS CITY	STATE 7/2 CODE	03/3/	<i>31</i> 2003	
ACTION II 3680 EL R			DRESS, CITY, STATE, ZIP CODE RANCHO DRIVE NV 89433					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			id PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	JULO BE	(X5) COMPLETE DATE	
D 235	Continued From page 2 A rehabilitation technician (RT) reported when it was time for medications to be administered during the day, she opened resident medication bottles, removed the appropriate number of pills from the bottles, placed the pills in a cup and gave the cup to the resident to swallow their pills. Residents did not open their own medication bottles and take out their own pills. Since she was not on duty during the evening medication pass, she would take pills out of the resident medication bottles and placed them in weekly pill dispensers before she left for the day. Each pill dispenser was labeled with individual resident names and the evening shift would give the pill dispensers to the residents so they could take their pills. The manager reported the facility was supposed to switch to a daily "bubblepack" medication system, but she could not find a local pharmacy to package resident medications in this manner. Record review revealed a policy titled "Medication" which instructed the RTs to place the proper dosage from the client's individually marked container into a small plastic or paper medication dispenser cup and placed the cup on the counter. The policy also revealed that only licensed staff members were to administer medications and that staff were to be trained in the observation of self-administered medications. Record review of employee files revealed that none of the RTs were licensed nurses. Severity: 2 Scope: 3			D 235	a) Vitality Center/ACTIONS of deficiency by blister packing and allowing clients to punch time. b) Vitality Center/ACTIONS in following actions to ensure the not occur again: 1) Contacted recommended pharmacy and packaging all client medications self-administration of medical procedure 3) Trained staff in policy and procedure for self medication. Vitality Center/ACTIONS will correction by ongoing staff to self-administration of medical procedure. The staff member assigned the correction is the Regional Procedure. The expected completion	NS corrected the king client medications unch out one dose at a OKON NS has taken the ure the deficiency will acted the BHCQC y and started blister lications. 2) Revised the edication policy and off members on the new r self-administration of will monitor the raff training in the new edication policy and hed to monitor the all Program Manager.		
D 246 SS ⇒ F		ietary Services planned and followed is of the residents in	d to meet	D 246			Section of the sectio	

PRINTED: 04/09/2009 Bureau of Health Care Quality & Compliance STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING B. WING NVN4520ADA NAME OF PROVIDER OR SUPPLIER

03/30/2009

(XS) COMPLETE

DATE

COMPLETED

FORM APPROVED

STREET ADDRESS, CITY, STATE, ZIP CODE

3680 EL RANCHO DRIVE

ACTION II SPARKS, NV 89433 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION TAG D 246 Continued From page 3 D 248 accordance with the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. This Regulation is not met as evidenced by: Based on record review and interview on 3/30/09, the facility failed to plan menus that met the nutritional needs of adolescents. Findings include: A policy titled, "Dietary Services Policy" revealed that menus were to be planned by a qualified dietician. The manager reported the facility did not have a dietician to plan menus, so they were using old "Nutri-Kid" menus to prepare meals. Severity: 2 Scope: 3 D 247 NAC 449.147(3) Dietary Services D 247 SS=F 3. Therapeutic menus must be planned by a qualified dietitian or must be reviewed and approved by the client's attending or staff physician. This Regulation is not met as evidenced by: Based on record review and interview on 3/30/09.

D246

a) Vitality Center/ACTIONS are working on a correction by continuing the search for a registered dietitian or a registered dietetic technician.

PROVIDER'S PLAN OF CORRECTION

EACH CORRECTIVE ACTION SHOULD BE

CROSS-REFERENCED TO THE APPROPRIATE

DEFICIENCY)

b) Vitality Center/ACTIONS has taken the following actions to ensure the deficiency will not occur again: 1) Vitality Unlimited/ACTIONS has been searching for a registered dietitian or a registered dietetic technician for some time without success but will continue the search. 2) In an effort to comply, Vitality Unlimited Human Resources has contacted the following facilities to see if their RD might be available to assist **ACTIONS: Northeastern Nevada Regional** Hospital; William Bee Ririe Hospital, Banner Churchill Hospital; St. Mary's Medical Center. 3) Recent contacts include the Nevada Dietetic Association and Sierra Dietetics.

Vitality Center/ACTIONS will continue working toward compliance with further expansion of the search for a registered dietitian or a registered dietetic technician. Once this position is filled Vitality Center/ACTIONS will have menus planned and followed to meet the nutritional needs of the residents in accordance with the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. Planned menus will also be reviewed and approved by the staff physician.

The staff members assigned to monitor the correction is the Human Resources Coordinator and the Regional Program Manager.

c) The expected completion date is 7-1-09.

If deficiencies are cited, an approved plan of correction must be returned within 10 days a STATE FORM

A policy titled, "Dietary Services Policy" revealed

that menus were to be planned by a qualified

the facility did not employee a dietician to plan

therapeutic menus or have therapeutic menus reviewed and approved by a resident's physician.

Findings include:

dietician.

<u>bureau</u>	or Health Care Quali	ty & Compliance						
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER IDENTIFICATION NUM			MBER: A. BUILDING			(X3) DATE SURVEY COMPLETED		
NVN4520ADA				B. WING_		03/30/2009		
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D 247	Continued From page 4 The manager reported the facility did not employ a dietician to plan therapeutic menus. Severity: 2 Scope: 3			D 247	a) Vitality Center/ACTIONS are working on a correction by continuing the search for a registered dietitian or a registered dietetic technician.			
D 253 SS≕F	9. A qualified persoconsultant on plant Consultation each person may be a prequirements for recommission on Diregistered dietitian technician. This Regulation is Based on record rethe facility did not he	on must be used as a ning meals and servir month is required. A erson meeting the	ng food. qualified either a tic d by: n 3/30/09,	D 253	b) Vitality Center/ACTIONS has taken the following actions to ensure the deficiency will not occur again: 1) Vitality Unlimited/ACTION has been searching for a registered dietitian a registered dietetic technician for some time without success but will continue the search in an effort to comply, Vitality Unlimited Human Resources has contacted the following facility to see if their RD might be available to assist ACTIONS: Northeastern Nevada Regional Hospital; William Bee Ririe Hospital, Banner Churchill Hospital; St. Mary's Medical Center Recent contacts include the Nevada Dietetic Association and Sierra Dietetics.			
A policy titled, "Dietary Services Policy" revealed that menus were to be planned by a qualified dietician. During an interview with the manager, the manager reported the facility did not employ or have a current contract with a Registered Dietitian or other qualified person for consultation for planning meals and serving food. Severity: 2 Scope: 3				Dresoo	Vitality Center/ACTIONS will continue working toward compliance with further expansion of the search for a registered dietitian or a registered dietetic technician. Once this position is filled Vitality Center/ACTIONS will have menus planned and followed to meet the nutritional needs of the residents in accordance with the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. Planned menus will also be reviewed.			
SS=F	s are cited, an approved	plan of correction must be		DK999 nin 10 days af	and approved by the staff p The staff members assigned correction is the Human Reland the Regional Program	ohysician. d to monitor the esources Coordinator Manager.		
					c) The expected completion	n date is 7-1-09.		

Bureau	of Health Care Qual	ity & Compliance				FORM	APPROVE	
IDENTIFICA		(X1) PROVIDER/SUPPLIE IDENTIFICATION NU NVN4520ADA	NUMBER: A. BUILDIN		IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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ACTION	11		3680 EL R	EET ADDRESS, CITY, STATE, ZIP CODE 80 EL RANCHO DRIVE ARKS, NV 89433				
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	This Regulation is NRS 652.060 " Medical laboratory microbiological, seimmunohematolog cytological, histolog biophysical, toxicol examination of tiss of the human body forensic laboratory enforcement agency NRS 652.080 Licer inactive status; lice outside state. 1. Except as otherwand NRS 652.235, conduct, issue a remedical laboratory to do so issued by the provisions of the 2. A license issued subsection 1 is valid renewable bienniall expiration. 3. No license may be upon the approval of current forms of current forms. The Health Division accordance with before the laborator specimens collected Division determines necessary to protect wetfare of the reside wetfare of the reside control of the reside wetfare of the reside control of the reside wetfare of the reside control of the residence	not met as evidence edical laboratory "de "means any facility rological, ical (blood banking), gical, chemical, hema ogical, or other methous, secretions or ex. The term does not it operated by a law cy. The term does not it operated by a law cy. Isse required; term; rensure of laboratory to vise provided in NRS no person may opera port from or maintain without first obtaining the Health Division pois chapter. Pursuant to the provided in 24 months and it is chapter. In pursuant to the provided of 24 months and it is chapter. In pursuant to the provided of the Health Division fees, ion may require a laboratory director. In placed in an inactive of the Health Division fees, ion may require a laboratory director. In placed in an inactive of the Health Division fees, ion may require a laboratory director. In the provisions of this state if the that the licensure is it the public health, seents of this state.	fined. " for atological, ods of cretions nclude a newal; cated 652.217 ate, a la license ursuant to sions of is te of its cory which e status and the oratory licensed chapter ne Health afety and	DK999	a) Vitality Center/ACTIONS a correction by continuing the registered dietitian or a registechnician. b) Vitality Center/ACTIONS in following actions to ensure the not occur again: 1) Vitality Uhas been searching for a registered dietetic technicial without success but will continuan effort to comply, Vitality Resources has contacted the to see if their RD might be at ACTIONS: Northeastern Never Hospital; William Bee Ririe H Churchill Hospital; St. Mary's Recent contacts include the Association and Sierra Dieter Vitality Center/ACTIONS will toward compliance with furt the search for a registered dietetic technician position is filled Vitality Center have menus planned and follower menus planned and follower menus planned and follower menus planned and follower menus planned dietet the Food and Nutrition Board Research Council, National A Sciences. Planned menus will and approved by the staff phase	search for stered dieters as taken the deficient of the listered dieters and for some tinue the set of Unlimited following to a da Regional Medical Continue where expansite titian or a diet. Once this er/ACTION: lowed to milents in according allowant of the Naticademy of lalso be resystician.	etic ne licy will CTIONS citian or e time earch. 2) d Human facilities assist al nner enter. 3) etetic vorking ion of s S will eet the cordance ces of tional viewed	
deficiencies TATE FORM	are cfied, an approved p	olan of correction must be	returned within		The staff members assigned correction is the Human Reso and the Regional Program M	ources Coo		

c) The expected completion date is 7-1-09.

PRINTED: 04/09/2009 FORM APPROVED

NVN4520ADA NVN4520ADA NVN4520ADA NVN4520ADA NVN4520ADA STREET ADDRESS, CITY, STATE, ZIP CODE ACTION II SUMMARY STATEMENT OF DEFICIENCIES SPARKS, NV 89433 (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (EACH CORRECTIVE ACTION SHOULD BE COMPLETED DEFICIENCY) DK999 Continued From page 6 Based on record review on 3/30/09, the facility did not have a State license to conduct urinalysis screening on 6 of 6 residents. Employee #3's file contained a valid State A BUILDING B WING A BUILDING COMPLETED OBJO1200 PROVIDER SPLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE COMPLETED PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETED DEFICIENCY) DK999 DK999 A) Vitality Center/ACTIONS are working on a correction by completing and submitting the documentation required for and exempt laboratory license at ACTIONS. Employee #3's file contained a valid State		Treditir Cone Guar	ity & Compliance						
ACTION II 3680 EL RANCHO DRIVE SPARKS, NV 89433 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES FREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (EACH CORRECTION SHOULD BE COMBRETE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) DK999 Continued From page 6 Based on record review on 3/30/09, the facility did not have a State license to conduct urinalysis screening on 6 of 6 residents. Findings include: Employee #3's file contained a valid State SUMMARY STATEMENT OF CORRECTION SPARKS, NV 89433 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE COMBRETED TO THE APPROPRIATE DEFICIENCY) PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMBRETED TO THE APPROPRIATE DEFICIENCY) DK999 OK999 AUTHORITION OF CORRECTION SHOULD BE COMBRETED TO THE APPROPRIATE DEFICIENCY) DK999 Based on record review on 3/30/09, the facility did not have a State license to conduct urinalysis screening on 6 of 6 residents. Findings include: Employee #3's file contained a valid State	AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			A. BUILDING					
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PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) DK999 Continued From page 6 Based on record review on 3/30/09, the facility did not have a State license to conduct urinalysis screening on 6 of 6 residents. Findings include: Employee #3's file contained a valid State PREFIX TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) DK999 Continued From page 6 DK999	ACTION II 3680 EL R				RANCHO DRIVE				
Based on record review on 3/30/09, the facility did not have a State license to conduct urinalysis screening on 6 of 6 residents. Findings include: Employee #3's file contained a valid State	PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY \$18.1			PREFIX	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP	DULD BE	COMPLETE DATE	
Laboratory Assistant license, but the facility did not have a State Laboratory license associated with the facility's address to conduct urine screening tests on resident urine. Severity: 2 Scope: 3 Severity: 2 Scope: 4 Severity: 4 Se		Based on record redid not have a State screening on 6 of 6 Findings include: Employee #3's file Laboratory Assistant have a State Lawith the facility's acscreening tests on	eview on 3/30/09, the license to conduct is residents. contained a valid Staint license, but the facaboratory license assidress to conduct urit resident urine.	urinalysis ete cility did sociated	DK999	a) Vitality Center/ACTIONS are correction by completing and documentation required for a laboratory license at ACTIONS b) Vitality Center/ACTIONS has following actions to ensure the not occur again: 1) Vitality Unwas waiting for the required certificates to be sent from the distributor prior to submitting 2) These certificates were recompleted and submitted to Vitality Center/ACTIONS will a correction by having new statest training and completing a submitting laboratory person applications as required; and exempt laboratory license. The staff members assigned to correction is the Regional Pro-	I submitting and exempts. Is taken the astaken the deficience of the application the BHCQC monitor the ff take the capplication maintaining to monitor the application and certification maintaining to monitor the applications and certifications and certifications and the applications are applications and the applications and the applications are applications are applications are applications and the applications are applications a	the	